



## **CITY OF NAVASOTA APPLICATION FOR EMPLOYMENT**

**IN ORDER FOR THE CITY OF NAVASOTA TO  
CONSIDER YOUR APPLICATION FOR EMPLOYMENT  
IT MUST BE COMPLETED IN ITS ENTIRETY. MAKE  
SURE YOU LIST CORRECT PHONE NUMBERS,  
ADDRESSES, SCHOOLS ATTENDED, DEGREES OR  
DIPLOMAS RECEIVED, PAST EMPLOYMENT, ETC.**

**A COPY OF YOUR DIPLOMA, GED OR  
TRANSCRIPT MUST BE ATTACHED TO  
THIS APPLICATION, IN ORDER TO BE  
CONSIDERED FOR EMPLOYMENT.**

**CITY STAFF WILL THEN REVIEW ALL APPLICATIONS  
RECEIVED, WHICH MAY TAKE SEVERAL WEEKS.**

**CITY STAFF WILL CONTACT YOU IF  
AN INTERVIEW IS TO BE SCHEDULED.**



## APPLICATION FOR EMPLOYMENT

If you need assistance in completing the employment application, please inquire at the Personnel Office. Furthermore, this employer conducts pre-employment qualification testing and personal interviews in the application process. If you believe you will require reasonable accommodation (e.g., interpreter, TDD, scheduling adjustments) for pre-employment testing or a personal interview, you must notify the personnel office at least 24 hours prior to the scheduled test or interview.

### PERSONAL DATA

\_\_\_\_\_  
(Last Name) (First Name) (Initial)

\_\_\_\_\_  
(Street Address, RFD, or P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone Number: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

When would you be available to start work: \_\_\_\_\_

Check each type of work you will accept: ☐ Regular ☐ Temporary ☐ Full Time ☐ Part Time

Have you filed an application here before? ☐ Yes ☐ No Date: \_\_\_\_\_

Have you ever been employed here before? ☐ Yes ☐ No Date: \_\_\_\_\_

Are you or your spouse related to any officer ☐ Yes ☐ No

or employee of this employer?

Minimum Acceptable

Salary: \$ \_\_\_\_\_ / \_\_\_\_\_

### EDUCATION AND TRAINING:

Name of Schools Attended and Location	Dates Attended From To	Average Grades	Major Field	Degree/Diploma Received

**SKILLS:** The following space is provided for other information concerning special training, interest, career goals, or any other data you wish to provide.

Computer: ☐ IBM-PC, \_\_\_\_\_ wpm ☐ Standard Business Copier(s) ☐ Other Software, Specify \_\_\_\_\_  
☐ Macintosh, \_\_\_\_\_ wpm ☐ Calculator (by touch)  
☐ Other, \_\_\_\_\_ wpm ☐ PBX or other Switchboard  
☐ Specify \_\_\_\_\_ ☐ Photography Equipment, specify \_\_\_\_\_

Software Proficiency:

☐ Word, Version \_\_\_\_\_ ☐ Excel, Version \_\_\_\_\_  
☐ WordPerfect, Version \_\_\_\_\_ ☐ Lotus 1-2-3, Version \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other Spreadsheet(s) \_\_\_\_\_  
☐ Database, Specify \_\_\_\_\_ ☐ Desktop Publishing, Specify \_\_\_\_\_

**EMPLOYMENT EXPERIENCE:** List each position held. Start with your present or most recent assignment and work backward. If you need additional space, please continue on separate sheet(s) or paper. In the column at the right, describe your assignments. Attach additional sheets as necessary. Resume may be submitted to supplement this information, but the information below must be completed for this application to be considered.

May inquiry be made of your present employer? ☐ Yes ☐ No

Employer:	Dates From: To:
Address	Summary of Job Duties:
Job Title	
Supervisor	
Reason for Leaving	Starting Salary: Ending Salary:

Employer:	Dates From: To:
Address	Summary of Job Duties:
Job Title	
Supervisor	
Reason for Leaving	Starting Salary: Ending Salary:

Employer:	Dates From: To:
Address	Summary of Job Duties:
Job Title	
Supervisor	
Reason for Leaving	Starting Salary: Ending Salary:

Employer:	Dates From: To:
Address	Summary of Job Duties:
Job Title	
Supervisor	
Reason for Leaving	Starting Salary: Ending Salary:

Employer:	Dates From: To:
Address	Summary of Job Duties:
Job Title	
Supervisor	
Reason for Leaving	Starting Salary: Ending Salary:

**ADDITIONAL INFORMATION:** By law, you must be authorized to work in the United States in order to be employed by this employer. If you are one of the following, please check this box: ☐

- A citizen or a national of the United States.
- An alien lawfully admitted for permanent residence.
- An alien authorized by the Immigration and Naturalization Service to work **indefinitely** in the United States.

Have you ever been convicted of a felony or other crime? ☐ Yes ☐ No

If yes, please explain on reverse side of page. (You may omit convictions for minor traffic violations unless the position for which you are applying requires the operation of a motor vehicle. Conviction will not result in your automatic disqualification for employment. The seriousness of the crime, the date of conviction, and the relevance of the crime to this position will be considered.)

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If the position for which you are applying requires the operation of a motor vehicle, do you have a current Texas Driver's License? ☐ Yes ☐ No License No. \_\_\_\_\_

Type of License: ☐ Operator ☐ Commercial, Type \_\_\_\_\_ ☐ Chauffeur

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**REFERENCES:** List three persons not related to you who are qualified to describe your capabilities for the position you seek.

Name	Address	Phone	Occupation

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I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge, and I authorize any former employer to release to this employer or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made. A photocopy of this authorization shall be as valid as the original.

I understand and agree that any offer of employment will be contingent upon my satisfactory passing a drug and alcohol test. Further, I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge.

I also understand that only written representations and promises of this employer will be enforceable.

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

## EEO STATISTICAL DATA FORM

Dear Applicant:

Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, disability, religion, age, sex, or national origin requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunities for employment with us. However, to fulfill our commitment, we would appreciate your supplying the information requested below.

***PLEASE NOTE:** The information requested on this form will be used for statistical reporting purposes only. It will be separated from your application form and will not be used in any way in evaluating your qualifications for employment, nor will it become a part of your personnel file if you are hired.*

**INSTRUCTIONS:** Please check the box corresponding to the correct response(s) in each of the categories below.

### **SEX**

- ☐ Male
- ☐ Female

### **AGE** (in years)

- ☐ Under 40
- ☐ 40 and above

### **RACIAL/ETHNIC GROUP**

- ☐ Caucasian (Not of Hispanic Origin)
- ☐ Black (Not of Hispanic Origin)
- ☐ Hispanic
- ☐ Asian or Pacific Islander
- ☐ American Indian or Alaskan Native

### **SOURCE OF INFORMATION ABOUT APPLYING**

- ☐ Posted job announcement
- ☐ Texas Employment Commission
- ☐ Current Employee
- ☐ Friend
- ☐ Professional publication
- ☐ Newsletter
- ☐ Just walked in
- ☐ Other (Specify) \_\_\_\_\_

### **DISABILITY**

Do you have a disability?    ☐ Yes    ☐ No

(Disability is described as:

1. physical or mental impairment which substantially limits a major life activity;
2. previous record of such an impairment; or
3. being regarded as having such an impairment.)

## NEPOTISM CERTIFICATION

Applicant's Name: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

No persons may be employed by the **City of Navasota** who is related within the second degree of affinity (marriage) or within the third degree of consanguinity (blood) to any member of the **City Council, City Manager, or any other officer of the city** or to any employee who would supervise his or her job performance.

Prohibited degrees of relationship are defined in Figures 1 and 2 on the following page.

Are you related by blood to any of the above parties or your prospective supervisor in any of these ways?

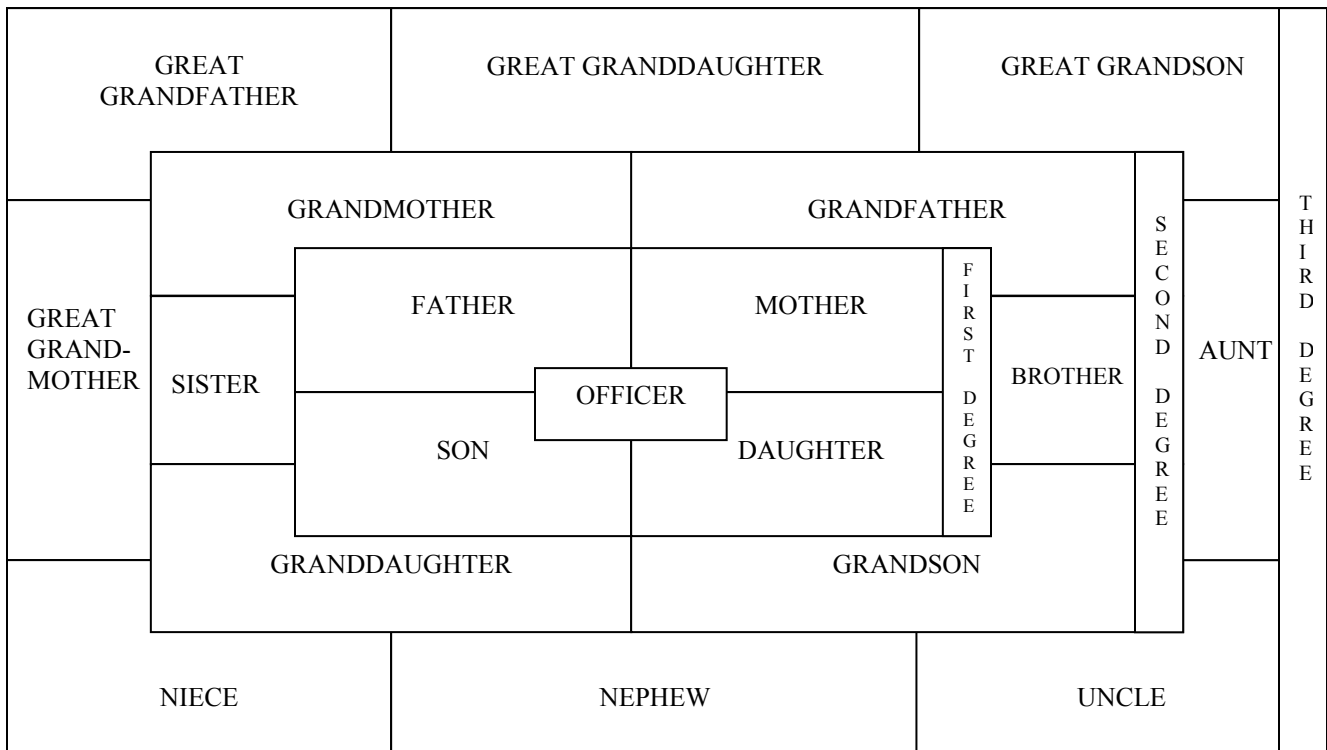
Is any city official or your prospective supervisor related to your spouse in any of these ways?

Spouses of these relatives (i.e. son-in-law, mother-in-law, aunt-in-law, nephew-in-law, etc.) are also included.

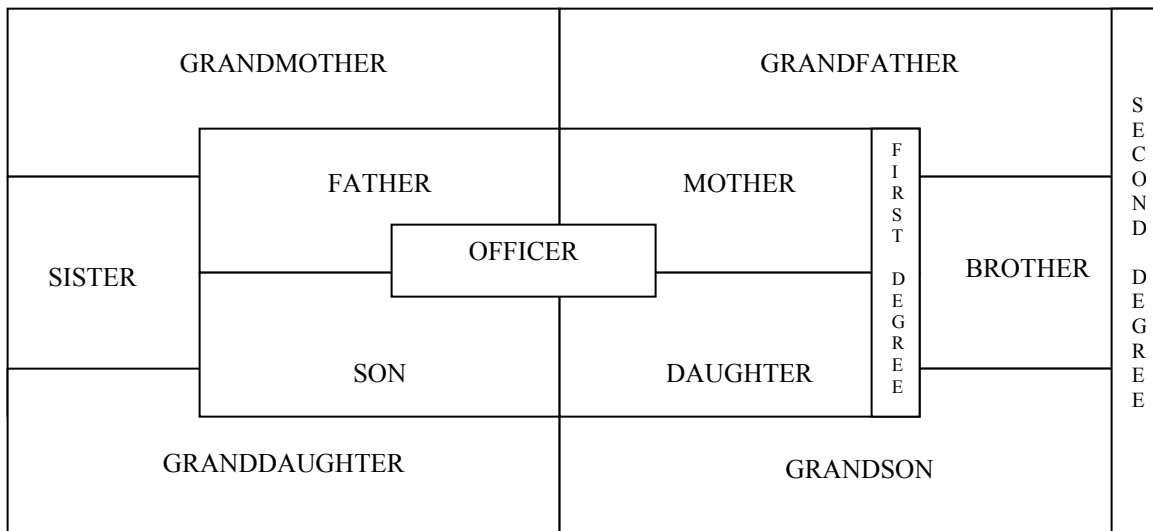
\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## NEPOTISM CHARTS



**FIGURE 1 – CONSANGUITY KINSHIP CHART**



**FIGURE 2 – AFFINITY KINSHIP CHART**

\* Spouses of relatives within the first or second degree of consanguinity (e.g., son-in-law, mother-in-law, brother-in-law, sister-in-law, etc.) are also included in the prohibition.

(Legal Reference: V.T.C.S., Article 5996h.)

## **AUTHORIZATION TO RELEASE INFORMATION**

TO: \_\_\_\_\_

I hereby request and authorize you to furnish the City of Navasota with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the City of Navasota.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to be employed with the City of Navasota.

**Applicant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTE: THIS FORM MAY BE RETAINED IN YOUR FILES.**